L24000 231706

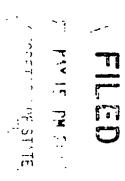
(Requestor's Name)
(Addrsss)
(Address)
(Address)
(**************************************
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certificates of Status
Special Instructions to Filing Officer:
Special instructions to rining Officer.





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05/15/24--01026--016 ++180.00



7.5.H 5/28/24



COVER LETTER

TO: New Filing S Division of C	Section Corporations			
SUBJECT: Bootay	Bag LLC			
	(Name of Res	sulting Florida Limi	ted Con	npany)
				d fees are submitted to convert an "Other ecordance with s. 605.1045, F.S.
Please return all cor	respondence concernin	g this matter to:		
Anthony Morales				
	(Contact Person)	•	_	
MyUSACorporation.c	com		_	
	(Firm/Company)			
1 Radisson Plaza, St	uite 800		_	
	(Address)			
New Rochelle, NY 10	0801			
	(City, State and Zip Code)		_	
info@myusacorporat	ion.com			
E-mail Address: (to	be used for future annual re	port notifications)	_	
For further informat	ion concerning this ma	tter, please call:		
Anthony Moralejs		at (330	-2677
(Name of Con	tact Person)) (Day	time Telephone Number)
	for the following amount a bank located in the		orocess	sed by this office must be payable in US
☐ \$150.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization)	☐\$155.00 Filing Fees and Certificate of Status	■\$180.00 Filing and Certified Co	•	☐\$185.00 Filing Fees, Certified Copy, and Certificate of Status
Mailing Add				Address:
New Filing S	Section Corporations			Filing Section
P.O. Box 63				on of Corporations Tentre of Tallahassee
Tallahassee.				N. Monroe Street. Suite 810

Tallahassee, FL 32303

Articles of Conversion

For

"Other Business Entity"

Into

Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045. Florida Statutes.

	(Enter Name of Other Business Entity)
2. The "Other Bus	Profit Corporation iness Entity" is a
(Enter e	iness Entity" is a
First organized, for	rmed or incorporated under the laws of
01/01/2022	
(date of organizati	on. formation or incorporation)
3. The name of the BootayBag LLC	e Florida Limited Liability Company as set forth in the attached Articles of Organization:
	(Enter Name of Florida Limited Liability Company)
(The effective date the date this docu Note: If the date inser	on the date of filing, enter the effective date: e: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ment is filed by the Florida Department of State.) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the late on the Department of State's records.
(The effective date the date this docu Note: If the date inser document's effective of	e: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after ment is filed by the Florida Department of State.) ted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the

Signed this 2nd day of May	20_24		
Signature of Authorized Representative of Limi			
Signature of Authorized Representative:	Title Member		
Signature(s) on behalf of Other Business Entity:	See below for required signature(s)		
Signature: White Shares Printed Name: Ellyette Gheno	Title: Member	, 	
Signature:			
Signature:Printed Name:	Title:		
Signature:Printed Name:			
Printed Name:	_ Title:	•	
Signature:Printed Name:	T'A		
Signature:Printed Name:	Title:		
Signature:Printed Name:			
If Florida Corporation:			
Signature of Chairman, Vice Chairman, Director, or	Officer.		
If Directors or Officers have not been selected, an Inc	corporator must sign.		
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	y Partnership;		
Signature of one deficial radicity			
If Florida Limited Partnership or Limited Liabilit Signatures of ALL General Partners.	y Limited Partnership:		
	y Limited Partnership:		
Signatures of ALL General Partners. All others:	y Limited Partnership:		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limit	ed Liability Company	is:		
BootayBag LLC				
(Must co	ntain the words "Limited Lia	bility Company.	"L.I.C.," or "LL	.C.")
ARTICLE II - Addre The mailing address a		e principal o	ffice of the L	imited Liability Company is:
Principal Office Add	<u>ress:</u>	Mailir	g Address:	
4260 NW 1st Ave Suite	52	4260 N	IW 1st Ave Su	ite 52
Boca Raton, FL 33431			Raton, FL 3343	
	lyette Gheno	ame	agent are:	
 -	lorida street address (I		OT acceptable	e)
Bo	oca Raton	FL	33431	
_	City	1.2	Zip	_
liability company registered agent and statutes relating to	v at the place designate d agree to act in this ca o the proper and comple	d in this cert pacity. I fur ete performa s registered a	ificate, I herei ther agree to c nce of my duti igent as provi	cess for the above stated limited by accept the appointment as comply with the provisions of all ies, and I am familiar with and ded for in Chapter 605, F.S

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

THE STATE OF THE S	
"AMBR" = Authorized Member	
"MGR" = Manager	Eliyette Gheno
· · · · · · · · · · · · · · · · · · ·	4260 NW 1st Ave Suite 52
	Boca Raton, FL 33431
	
(Use attachment if necessary)	
(=== 21122111111111111111111111111111111	
(
CLE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
LE V: Other provisions, if any.	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE: Signature of a member or a	an authorized representative of a member
REOUIRED SIGNATURE: Signature of a member or a This document is executed in accordance.	with section 605,0203 (1) (b), Florida Statutes, I am aware the
REOUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document.	an authorized representative of a member with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felo
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance.	with section 605,0203 (1) (b), Florida Statutes, I am aware the
REOUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felowette Gheno
REOUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S.	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felomette Gheno or printed name of signee
REQUIRED SIGNATURE: Signature of a member or a This document is executed in accordance any false information submitted in a document as provided for in s.817.155, F.S. Elly	with section 605.0203 (1) (b), Florida Statutes. I am aware the nent to the Department of State constitutes a third degree felowette Gheno